It only remains to add a word or two on the mode of operation of this vesicant. In order to avoid all chance of irregularity, it is necessary to rub the whole surface on which vesication is to be induced, lightly but equally with the point of the stick moistened with a drop of water, and to continue long enough until a gray coloration is produced. This effect is generally obtained in the course of a minute and a-half. If a deeper action be required, owing to the thickness of the epidermis, or a more strongly marked therapeutic effect be sought, the operation must be repeated over the same surface and with the same precautions.

M. V. Uytterhoeven has always found this vesicant answer his expectations most fully, both in private practice and in the wards of the hospital des Vieillards.—*Monthly Retrospect*, June 1849, from *Nouvelliste Médicale Belge.*

12. *The Mechanical Leech of* MM. ALEXANDRE *& Co. of Paris.*—This apparatus consists essentially of two parts—an instrument for puncturing the skin, and another for promoting the flow of blood by removing atmospheric pressure from the punctured part. The puncture is effected by a lancet, the blade of which has the form of the cutting apparatus of the leech. This lancet is fixed in the mouth of a tube, and projects about the eighth of an inch beyond the edge of the tube. It may be elevated by a small lever, so that its point shall be within the tube, in which position it is secured by a catch. Attached to the opposite end of the tube, by a piece of vulcanized India-rubber, which acts as a spring, is a piston, which is pressed down by a rod, and, on removing the pressure, is drawn back by the India-rubber spring. The piston being pressed down, the open end of the tube in which the lancet is fixed, is placed over the part to be punctured: the pressure is now removed, when the piston is drawn back by the spring, and exhausting the air within the tube, the skin is forced up into the mouth of the tube. On loosening the lever, by which the lancet has been elevated, the latter is drawn down by a spring, also of vulcanized India-rubber, so as to effect the puncture. The cutting instrument is now removed, and a glass tube with a piston, similar to that already described, is placed over the puncture, the air within being exhausted so that the tube adheres to the part, and the blood flows freely into it. Half-a dozen or a dozen tubes, each of which would draw as much blood as a large leech, might be thus attached in two or three minutes. The apparatus, consisting of a cutting instrument and six or twelve suction tubes, together with sundry implements for cleaning the lancet and tubes after use, are contained in a small case. It is very neatly got up, and we understand from those who have used it, is very efficient. The idea, however, is not new: so long ago as the year 1813, the silver medal was awarded at the Society of Arts to Mr. J. WHITFORD, of St. Bartholomew's Hospital, for the invention of a somewhat similar apparatus for the same purpose. In Mr. Whitford's apparatus the exhaustion was effected by a syringe, which was found to be inconvenient. The use of vulcanized India-rubber springs, attached to the pistons, by which efficient suction tubes are economically formed, is a great improvement in MM. Alexandre's apparatus.—*Lond. Med. Journal*, March, from *Pharm. Journal*, February 1849.

MEDICAL PATHOLOGY AND THERAPEUTICS AND PRACTICAL MEDICINE.

13. *On the Analogy and Differences between Tubercle and Scrofula.*—M. A. LEGRAND concludes an elaborate and valuable series of papers, extending through several Nos. of the *Revue Médicale*, for last year, the fruit of many years' research, he informs us, with the following summary of the results, at which he has arrived:—

1. There undoubtedly exist analogies, which we may call symptomatic, between tubercle and scrofula; that is to say, one of these two morbid principles, the tubercular, may exhibit itself by symptoms which appear to belong to the other; but this is not the case with regard to the latter. 2. Tubercle possesses, so to speak, its morbid individuality, its molecular element—the tubercular

globule—which is often met with in the scrofulous manifestations of tubercle. 3. Scrofula is always deficient in the morbid molecular element, and its existence is only proved by the constancy of the effects which are attributed to it. 4. The chief, or even the only seat of tubercle is in the internal organs, and the external manifestations of the morbid principle irradiate from the centre to the circumference. 5. Scrofula comports itself quite otherwise, and manifesting itself on the skin or periosteum, irradiates thence towards the internal organs, which, however, it never disorganizes in the same manner as tubercle. 6. Tubercle, in spite of the impoverishment of the blood it always induces, does not destroy, at least in the early periods, the inflammatory element, the fibrine, which well explains the occurrence of the phlegmasiæ, which so often complicate it, and which always hasten its disorganizing progress. 7. Scrofula likewise impoverishes the blood, but at the same time it seems to annihilate the inflammatory element. Thus inflammations rarely complicate it, and when such complication does exist, it often favours the cure of the disease. 8. All the changes observed in the blood and urine of tuberculous and scrofulous patients, are evidently consecutive; and they cannot be considered as the cause of these two diseases, whose principle is nevertheless very probably contained in the blood. 9. Finally, tubercle is never curable, or at least such cure constitutes a rare exception, while scrofula is almost always curable.—*Revue Médicale*, Nov. 1848.

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14. *On Spinal Meningitis.*—M. Piorry, in a recent clinical lecture at the Hôpital de la Pitié, called attention to an epidemic of spinal meningitis, in some respects similar to that observed at Strasbourg by MM. Forget and Tourdes. By these authors this disease was observed to prevail chiefly among soldiers, and that class of people who were congregated together in large numbers in the same localities.

M. Piorry had been called to Corbeil by Dr. Liounet for the purpose of visiting certain patients then convalescent from spinal meningitis. The epidemic had prevailed in the country in the immediate neighbourhood of Corbeil, and in Corbeil itself. The patients observed by M. Liounet, manifested as symptoms, intense headache, a sense of prickling and of pain in the limbs. Percussion in the course of the spine caused much pain. Convulsions, coma, diminution of power, and sometimes paralysis of the extremities, were also symptoms of the disease observed by M. Liounet. Frequent autopsies demonstrated the existence of pus effused between the archnoid and pia mater in the cervical region. The encephalon presented no particular morbid appearance. In his lecture, M. Piorry related the particulars of four cases, three of which terminated favourably, the fourth fatally; of these we select the first.

1. A young man aged twenty-two, retained as a prisoner in the Bastion since the insurrection of June. This patient presented the following symptoms: Pain in the neck, extreme rigidity of that part; convulsive movements of the arms; the fingers and toes were rigid and semiflexed; the maintenance of the erect position almost impossible. He complained of excessive pain in the neck and back, augmented by percussion; the sense of pain was more severe at night than during the day. There existed an evident tendency to stupor; the spleen was enlarged. M. Piorry diagnosed spinal meningitis. The treatment adopted was the application of forty leeches to the neck, blisters along the spine, and the exhibition of the sulphate of quinine. On the following day the patient was slightly better, leeches were again applied, and a purgative injection administered. During many days little sensible improvement took place. At the visit of one day, he was found in a much worse condition than on his first admission. Leeches and blisters were again had recourse to; at length convalescence was established, and ultimately a complete cure obtained.

In the examination of the body in the fatal case alluded to, the patches of Peyer in the lower part of the small intestines were congested, the last two or three exhibited superficial ulcerations. The spleen was enlarged; the brain presented nothing remarkable; the surface of the cerebellum was slightly softened at the side of the medulla, in the cervical region; concrete pus was found effused between the archnoid and pia mater, forming a false membrane. At